

The Impact of Palliative Care on Hospice Utilization

CASE STUDY: NorthStar Palliative Care Leads to Better Hospice Care

Seeking to enhance support for patients with life-limiting illnesses who have complex care issues, Novello Physicians Organization (NPO) contracted with NorthStar Palliative Care in 2021 to serve this acute, seriously ill population.

Tracking hospice utilization patterns over a five year period, NPO found a significant increase in hospice length of stay following the introduction of NorthStar Palliative Care as a healthcare option.

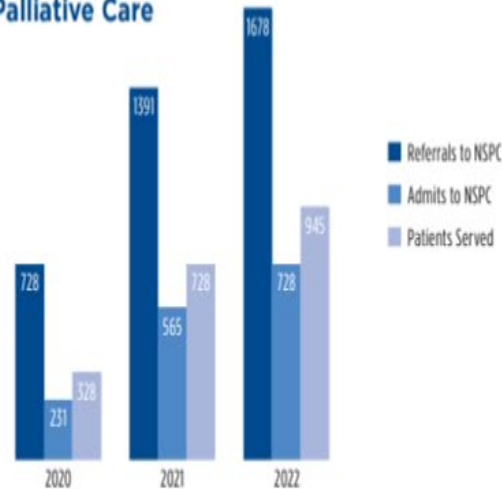
“ In 2018, our data indicates the average hospice length of stay for ACO/DCE participants was about 12 days. We’ve watched it increase each year. Right now, the average length of stay is up to 30 days.

— KRIS ELLIOTT | DIRECTOR OPERATIONS, NOVELLO PHYSICIANS ORGANIZATION

The Demand for NorthStar Palliative Care Continues to Grow

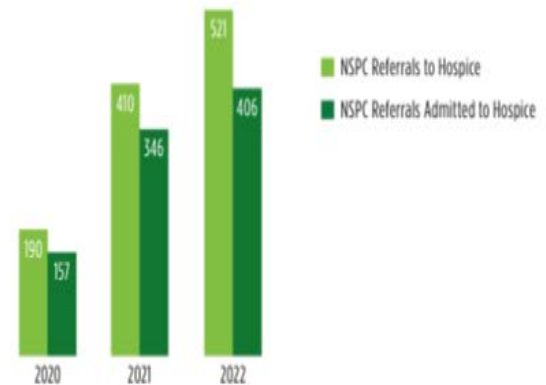
Referral sources recognize the role NorthStar Palliative Care can play in their patients’ healthcare journey, providing collaborative support and guidance to help them make informed decisions.

Physicians know that when referring patients to NorthStar Palliative Care, they are helping ease the transition toward end of life in a manner that is respectful to their patients’ physical and psychosocial needs.



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Too often, patients and families say they wish they would have started hospice sooner. The resources and support of NorthStar Palliative Care help patients and families accept an earlier and smoother transition to hospice care. By enrolling earlier, patients and families have more meaningful time together and a better end-of-life experience.



“Northstar Palliative Care provides symptom management and advanced care planning to patients with serious illnesses, in addition to their current care team and support structure. What we have found is that getting patients high quality palliative care sooner, allowed them to also engage with the more robust support of hospice services sooner and for a longer period of time than others who did not have palliative care.”

Thomas O’Neil, MD FAAHPM

Director of Medical Affairs

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